

Clerk of the Marion Circuit and Superior Courts
Child Support Account Information

Submitted by: _____

Date Submitted: ____/____/____

Cause Number: _____

Effective Date: ____/____/____

Child Support Account #: _____

☐ Original ☐ Modification ☐ Termination

.....
☐ Protective Order

☐ Medical Assistance
.....

Non-Custodial Parent / Person (Payor)

Name: _____

☐ Male ☐ Female

Address: _____

S.S.N. ____-____-____

City: _____

D.O.B. ____/____/____

State/ZIP: _____

Phone (____) ____-____

Ethnic Group: _____

Atty: _____

Payments will be made through: ☐ Employer

☐ Electronic Funds Transfer

☐ Mail/ In Person

Comments: _____
—

Custodial Parent / Person (Payee)

Name: _____

☐ Male ☐ Female

Address: _____

S.S.N. ____-____-____

City: _____

D.O.B. ____/____/____

State/ZIP: _____

Phone (____) ____-____

Ethnic Group: _____

Atty: _____

Recipient will receive payments through:

☐ Electronic Funds Transfer

☐ Check (mailed to address above)

Comments: _____
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Obligation Information

Current Payment: \$_____ Attorney's Fees: \$_____ Medical Support: \$_____

Arrearage Payment: \$_____ Spousal Support: \$_____ Blood Test: \$_____

Delinquency Payment: \$_____ Clerk Fee: \$_____ Other (specify): \$_____

Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Lump Sum
.....

Dependent Information

<u>Name(s) of Child(ren)</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Sex</u>	<u>Relationship</u>
_____	____/____/____	____-____-____	____	_____
_____	____/____/____	____-____-____	____	_____
_____	____/____/____	____-____-____	____	_____
_____	____/____/____	____-____-____	____	_____
_____	____/____/____	____-____-____	____	_____

Appropriate court orders must be attached.

Use the reverse side to note any additional information.

Place a check "✓" in this box if any additional information is on the reverse side: ☐ ➔